

**Cross Cultural Health Care Program Resource Center
Outreach Project**

Cross Cultural Health Care Program
Seattle, Washington

Final Report
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1. Summary/Introduction

This grant was originally awarded near the end of 2001, around the time when the Cross Cultural Health Care Program learned it would need to separate from PacMed Clinics to survive. CCHCP became an independent non-profit organization on March 15, 2002 and now has 501(C)(3) status. We were unable to start work on the project during this transition period and NN/LM was kind enough to allow us to use just the last 12 months of the 18 month project period.

After being awarded, we saw that the most common suggestion from reviewers of our proposal was that we should do a needs assessment. A short, non-scientific and plainly-worded survey about information access in culture and health issues was sent to 240 safety-net and otherwise public-interest health-related institutions and organizations in the King County area with Likert-type and open-ended questions, for a 20% response rate. Results indicated an interest in electronic materials for convenience; respondents not having enough information and describing content relevant to their particular interests; about half of respondents expressing an interest in instruction or assistance in accessing information; and many independently suggesting periodic email updates or an electronic newsletter. Indications from the needs assessment were used to inform content for trainings and other activities during the project.

Four presentations/trainings were conducted with local clinics that serve primarily culturally diverse patients and patients who have trouble accessing care, and one national group taking part in a cultural competence training of trainers. The basic format included a brief introduction to the Resource Center's services followed by material loosely based on Linda Milgrom's "Using the Internet to Make Your Job Easier" PowerPoint training from 2002, tailored to the audience's needs and interests and concentrating on cross cultural health themes. Each group received packets of materials compiled especially for them, including PubMed and MEDLINEplus brochures, examples from websites such as the 24 Languages Project and Ethnomed, compilations of URLs and listservs, and bibliographies of materials in the CCHCP Resource Center.

In addition, a group of nine public health graduate students from the University of Washington took part in a field trip to the Resource Center and CCHCP and also received customized materials. Because their visit didn't include training about electronic materials or NN/LM and NLM resources (other than PubMed and MEDLINEplus brochures), this event wasn't written up as a training.

In response to suggestions from the needs assessment survey, the Resource Center's quarterly new acquisitions list was revamped into a monthly to bimonthly newsletter featuring Internet resources and bibliographies on particular subjects in culture and health, advice from the Medical Libraries Association, and the like. Circulation rose from in-house readers and a few others to around 220, many of whom circulate it to numerous colleagues at hospitals and other institutions. There is much potential for expanded circulation, as most of these subscribers were drawn from a few listservs. Five issues were produced and distributed during the grant period.

In January 2003, CCHCP held an open house on a rainy Wednesday night to invite people to visit our new office and celebrate our independence. About 50 people attended. Among the displays for CCHCP projects was a display for the Resource Center.

We developed a Resource Center brochure describing our services, with the added value of a list of URLs of good resources for cross-cultural health information on the back. A first printing of 250 was distributed completely, and a second printing was produced in May.

Some funds for collection development were included in the budget, so we were able to buy around 45 new items to help keep the collection updated. Purchases were based on community user needs and interests.

A summary of numbers:

Needs assessment survey sent to 240 people, 20% response rate

Training presentations: 4

People attending: 90

Other presentations: 1: 9 people

Follow-up visit: 1

Newsletter issues published: 5

Newsletter subscribers: 220

New borrowers in grant period: 30

New items purchased with grant funds: 45

Reference questions filled in grant period: at least 114, probably 20 or 30 more

Brochures distributed: at least 250

2. Geographic region/number of counties

Trainings were conducted with local clinic staff in Seattle (King County, Washington), except for one with a group of 17 cultural competence training of trainers attendees who came from around the United States.

The current newsletter subscribers break down approximately like the following:

Washington State: 75

Oregon: 11

Idaho: 4

British Columbia: 3

Montana: 1

California: 13

Massachusetts: 4

New York: 7

Minnesota: 4

Pennsylvania: 7

Virginia: 4

Location unknown: about 48

And others in Arizona Colorado DC, , Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Michigan, Missouri, Nebraska, New Mexico, North Carolina, Ohio, Rhode Island, Tennessee, Texas, Wisconsin, Australia, Brazil, and Spain.

3. Collaborations/Partnerships

No formal partnerships. Kathy Salmonson of Children's Hospital, Seattle, was an enthusiastic supporter of the newsletter, offering suggestions and guidance, and arranging to distribute it on the global email at the hospital. Because of her help, many subscribers came from Children's Hospital. Katherine Sanders of Washington Health Foundation and various others also forwarded the publication to their respective organizations.

4. Training:

4 sessions

1 return visit to one of the sites

1 informal session

4 report forms were submitted.

Total number of sessions in which half or more than half of participants were from minority populations:

-2 for certain

-2 more possibly. They were larger groups (25 and 40) and I didn't get a chance to attempt to count by looking. Even with a sign-up sheet I might not have been able to tell by the names. The two groups were very diverse, with clinic staff of a variety of backgrounds.

Total number of participants: 90

All participants were health care or service providers or clinic staff or management, or in the case of some of the cultural competence training of trainers participants, professors or researchers in health care or related fields.

In addition were the 9 public health students, who were also from a variety of ethnic backgrounds though the majority was white.

5. Training sites:

Trainings occurred at our office in the case of a local mental health and social services institution, at clinics in the cases of the two primary care clinics, and at a hotel meeting room in Renton, Washington in the case of the cultural competence training of trainers. T

An overhead projector was used in most cases, using a PowerPoint-based format but not a computer set-up or Internet connection; although at one clinic there was no room for even overhead projection so hand-written flipchart notes and handouts had to suffice.

6. Exhibits:

Basic exhibit during CCHCP's housewarming Open House in January 2003 in CCHCP's own offices, 270 S. Hanford St., Seattle, WA 98134. Newsletter, brochures, offer of trainings/presentations. About 50 people attended. Did not count library and information-oriented contacts. No demonstrations.

7. Resource materials:

- For trainings:

A basic outline loosely based on Linda Milgrom's "Using the Internet to Make Your Job Easier" PowerPoint training from 2002 was used for the training sessions, adapted for each group's needs, using materials of interest to the respective audience for examples, and with some basic cultural competence-related notions built in about things like assessing quality and using PubMed and MEDLINEplus.

In addition, members of each group received a nice embossed purple folder full of resources. These included bibliographies of materials in our collection related to their work or interests, lists of URLs for internet resources of various kinds related to their interests, examples of some of those sites such as the home page of the 24 Languages Project so they could see what the sites had to offer before even going to the trouble of pulling it up on their computers, and MEDLINEplus and PubMed Basics brochures. A typical packet might include two bibliographies, three lists of Internet resources, four examples of particular web sites, the Cross Cultural Resources newsletter, the presentation notes, and the MEDLINEplus and PubMed Basics brochures. Customizing the presentation, compiling the customized materials and then printing and assembling everything took several hours for each group. Since it was difficult arranging trainings to begin with, the groups that did participate were going to get plenty of content.

- Cross Cultural Resources Newsletter:

There were originally plans to expand the CCHCP web site as part of this grant project but ran into difficulties about posting content. Having received several suggestions about email updates or electronic newsletters in our needs assessment survey, staff decided to expand the quarterly new acquisitions list into a more frequent, more electronic resources-oriented newsletter publicizing on-line and traditional content. At first it was bimonthly, but the first two ran a bit long at around 16 pages so the goal now is to do a shorter, monthly publication.

Content typically includes an annotated list of Internet resources on a specific culture and health topic, the new acquisitions list, and often a shorter third feature such as an annotated bibliography of print resources on the issue's focus topic, reprinted advice from MLA about finding health information on the web, or a word about special salient features of MEDLINEPlus. Five issues were produced during the grant period, with the following focus subjects: Diabetes nutrition in diverse communities, death and dying, cultural competence, community profiles, and statistics sources. Attempts are made not to reproduce others' work, and the mailing list nature of this resource has the advantage of bringing it straight to people's desks so they don't have to remember to go somewhere and check for it every so often. Some the project staff's own favorite resources are periodic email updates of one kind or another; simple as they are, people continue to find such services useful.

Several people have asked if the newsletter is archived on our web site; this may be done at a future date.

Hard copies of all five issues have already been sent to NN/LM. Current circulation is around 220. Examples of feedback can be found under section 11.

As of this writing, there are around 220 subscribers.

- Brochure:

We used the grant funding to develop a simple brochure for the Resource Center which describes our services and includes a list of handy health and culture related URLs. The brochure was disseminated by CCHCP staff at numerous meetings, trainings, conferences and other events. A first printing of 250 was depleted and we used leftover funding for a second printing. Copies of the brochure have been submitted to NN/LM

8. Web sites: No web sites were developed.

9. We didn't consider reference services to be funded by this grant.

10. Approaches and interventions used:

- a. Identifying and scheduling sessions: This was difficult. First, everyone who responded "yes" to a question on the needs assessment survey about being interested in training or assistance was contacted. For the vast majority, a training was too much of a time commitment, though many were interested in the newsletter. Also contacted were former members of the old CCHCP board from when CCHCP was part of PacMed Clinics, and the heads of various other local organizations. There was already had a somewhat close relationship with the mental health and social services organization, which specifically serves the Asian American communities in our area. Some fairly involved reference work had been done with a staff person at one of the primary care clinics, who then

hooked the project up with the other clinic. The cultural competence training of trainers group was participating in a week-long CCHCP training. The public health students, who had more of a field trip than a training but did receive customized packets, were connected because one student had visited a few times before and some reference work had been done with her in the past. All audiences served very diverse communities, many working with low-income and low English proficiency clients. The audiences themselves tended to be very diverse.

- b. Training: As stated earlier, training/presentations structure consisted of a brief introduction to CCHCP's Resource Center services followed by an outline based loosely on Linda Milgrom's "Using the Internet to Make Your Job Easier" PowerPoint training from 2002 but adapted to culture/health content and customized to the particular group's needs and interests. The goal was to provide the audience with a few tools and ideas for accessing information beyond just "Googling it," while also demonstrating the wealth and potential for finding material relevant for improving one's ability to provide appropriate care for diverse patients. Times were 30-50 minutes. People received customized, content-rich packets as described above in section 7. An example of a packet, 3 copies, including presentation notes, has already been sent to NN/LM
- c. Promotion/marketing:
A Resource Center brochure was developed, the first printing of 250 depleted and a second batch printed. The brochure practically distributes itself. Copies are available at CCHCP's display area where other program brochures and publications for sale are displayed, as well as on the counter at the librarian's desk. Other CCHCP staff keep a few copies at their desks in case they need to send it to someone. It has been requested by numerous interested parties, including library visitors who take a few copies it back to their workplaces. CCHCP staff have distributed it at a variety of conferences, meetings, trainings, and other events and agencies such as Washington State tobacco control meetings, a Native Hawaiian health conference, the Seattle Race Conference in January of 2003, the Centers for Disease Control and Prevention in Atlanta, the National Center for Health Statistics, and Native American powwows and conferences at the Daybreak Star Cultural Center in Seattle and the University of Washington's Hec Edmondson Pavilion. These (except for the Race Conference) are some of the most recent examples and are not an exhaustive list.

The newsletter has served as a marketing tool, though it isn't specifically intended to. In fact, it's promoting mostly others' content while CCHCP's own web site has not added content in a while. On the front page there's an offer of presentations/trainings on information access in culture and health. Someone in Arizona requested one, but that request couldn't be filled.

- d. Personnel/staffing: Staffing consisted of the same people stated in the proposal, Alyssa Sampson, CCHCP Librarian, and Alison Pence, CCHCP Community Services Manager. Alison Pence supervised and advised, wrote the quarterly

invoices, and performed a few other duties, and Alyssa Sampson did most of the rest. Other CCHCP staff distributed Resource Center brochures as the need occurred.

- e. An additional area in which there was activity was collection development. A small amount of the budget was set aside for this purpose, as the Resource Center has little funding for the public service side of collection development. Most purchases are normally made based on needs of in-house projects and programs. Since this project was about outreach, it seemed appropriate to reserve some funds for improving the collection's usefulness and currency for public users. Around 45 new purchases were made.

11. Evaluation: According to the proposal, the project was intended to connect service providers with culture and health information through use of Resource Center services. This changed somewhat over time, as the emphasis shifted to helping people find electronic resources. Resource Center services came to mean trainings and the Cross Cultural Resources newsletter. A NN/LM evaluation training was attended in February, but it was a bit late for applying new techniques to the project.

Trainings were too short to ask participants to fill out evaluations. However, the CCHCP cultural competence training of trainers group gave evaluations for each day of their week-long class and their response to the information access session was very positive. The only problems mentioned were that it was hard to hear the speaker's voice and that maybe it should have been scheduled earlier in the day instead of at the end of the day. The trainer was delighted with it and the segment will probably become a standard part of the training of trainers when it is offered locally.

A total of 90 people attended trainings/presentations, plus 9 more in the public health class.

Reflecting the earlier ideas, there are some statistics to reflect the effects of increased publicity and awareness about the CCHCP Resource Center, such as the following public reference request statistics for the active project period. Undoubtedly, a few quick questions each month are left out, and increasingly over time I have been too busy to fill some requests and had to make local and more urgent inquiries a priority. These statistics don't reflect in-house requests from CCHCP staff and usually don't reflect visitors who check out materials on a particular subject that they were helped with. In addition, the early months were slower due to our new location and independence from PacMed:

May02	2
Jun-02	3
Jul-02	3
Aug-02	5
Sep-02	5
Oct-02	13

Nov-02	7
Dec-02	9
Jan-03	11
Feb-03	16
Mar-03	10
Apr-03	16
May03	14
Total:	114

Item circulation statistics are hard to draw conclusions from because borrowers include CCHCP trainers who take dictionaries and other resources around the country for medical interpreter training.

Circulation June 1 2000-May 31-2001: 124

Circulation June 1 2001-May 31-2002: 712

Circulation June 1 2002-May 31-2003: 403

Borrowers: have added 30 borrowers in grant period, June 2002-May 2003. This is out of around 115 new borrowers since October 1997, though we can't break down the numbers of new borrowers per year for the rest of those years.

Based on subscriber numbers and comments, the newsletter appears to be a success. It was previously a new acquisitions list distributed primarily in-house to our organization of less than 20 people and to a few outside parties. Since the first new and improved issue was produced in November 2002, circulation has expanded to around 220 subscribers. The comment form and request for comments have generated many complementary responses such as the following:

“Thank you very much for your research into resources on multicultural death and dying beliefs and practices and on the availability of multilingual signage....what a great resource!”

“It's wonderful. Thank you.”

“I work at the Emory Clinic in Atlanta, GA. I have been receiving your publications and I can tell you that in this last edition you have SO MUCH INFORMATION, useful information that I have to congratulate you. I am one of the persons that do more medical interpretations in the Clinic than anybody else...if some information is needed from Atlanta, please let me know.”

“This is an extremely helpful newsletter and another wonderful CCHCP resource. Make sure to post its availability often on...listservs.... Keep it up!”

“Great stuff as always – many thanks and greetings from Brisbane Australia! Cheers.”

“Thank you very much. Those are very good resources and I’m sharing those with our cultural competency group.”

12. Problems or barriers encountered:

Promotion/Marketing: We hoped to bring more people to our office site. We do have an increased number of local visitors and borrowers, but it would have been nice to have even more. On the other hand, CCHCP’s Resource Center is a special library open during weekdays, so a lot of users are at work when it’s open and need its resources for business purposes and don’t have time to hang around. Instead, visitors typically call ahead and know what kind of information they want. Many users never visit the site at all, but receive services via email, phone, mail, and fax.

Trainings: Arranging trainings was a problem. We should have figured out exactly who to bring trainings to beforehand. The plan was to do up to ten.

Equipment/Telecommunications: We probably should have budgeted money to buy equipment to help with trainings, but didn’t. On the other hand, one site didn’t have space to project anything anyway, so you have to be adaptable.

Personnel/Staffing: Alyssa was a novice to training. However, working on this project was a wonderful experience for her and she is looking forward to more trainings depending on the grants CCHCP can obtain for the Resource Center.

Web site development: We wanted to expand content features on the CCHCP web site as part of this project, but internal roadblocks prevented that from happening, including time constraints.

13. Continuation plans:

The Cross Cultural Resources newsletter will continue indefinitely. We are searching for funding to support it. Around \$500 per month should suffice. The brochure is fairly inexpensive so CCHCP hopes to keep it in print. Trainings/presentations will be available upon request.

14. Impact on our institution:

The report outline asks for information on the “perceived and actual impact of the project on the library, institution, or consortium.” It is hard to be sure which is which. Here are a few impacts we believe the project has had on our institution:

- The librarian now has real public speaking and group bibliographic instruction experience, which opens new doors

- Project activities have given the Resource Center increased publicity and increased visitors and reference requests
- The newsletter has increased awareness about our organization locally and nationally when otherwise people might only hear about CCHCP when a new book is published or during a conference or training or if they find the CCHCP web site. The fact that it's free and has high quality content reflects well.
- The ERIC Database has asked to index the newsletter
- An information access segment based on the trainings used in this project will likely become a regular feature of CCHCP's week-long cultural competence trainings when held locally
- The grant administrators may be understandably grumpy with us for the uncertainties at the beginning due to CCHCP's transitional period, difficulties scheduling trainings, and turning in quarterly reports late. They were very patient, though!

15. Recommendations for Improvement:

Know who will participate in trainings and do longer trainings. Write a clearer proposal. Manage time more wisely.

16. Follow-up questions:

1. Were original project goals and objectives met?
 - Some were met and some were not, and new ones were added and accomplished.
 - *Needs assessment* was not an objective in the original proposal, but was added at the suggestion of the proposal reviewers. It definitely helped decide and prioritize activities.
 - *Objective 1: Conduct outreach campaign: develop and disseminate brochure, conduct presentations/trainings.* The brochure has been distributed in many settings and is in its second printing of 250, and four trainings and a less formal but nearly as long presentation with a fifth group were performed. However, we wanted to do closer to ten trainings. An additional outreach activity not originally planned was the Cross Cultural Resources newsletter, of which 5 issues were produced and a circulation of about 220 reached by the end of the period. It features annotated collections of Internet resources on specific culture and health issues, advice from various sources for finding and evaluating health information online, information about NLM and NN/LM resources especially with an eye for cross cultural health needs, annotated

bibliographies, and the Resource Center's new acquisitions list. Not all of these things are included in every issue.

- *Objective 2 was improve access to resources through training and helping providers access available online and traditional resources regarding health and culture:* This should have been combined with Objective 1 because it's the content side of Objective 1.
- *Objective 3 was building capacity:* We didn't develop a "Friends" group and we ran into internal roadblocks in attempting to add content to the web site. More materials were purchased. We are investigating further funding sources for public-oriented Resource Center activities. For some of the tasks in this objective, there just wasn't time.
- *Objective 4 was Project Evaluation.* Originally, the success of the project was to be gauged mostly by utilization of the CCHCP Resource Center by using use, reference, and visit statistics. Because content of activities became less oriented toward bringing people to CCHCP and more about connecting people with resources wherever they could get them, usage statistics became less sufficient. We did not include an evaluation form with the trainings, because it seemed like 30-50 minutes was too short a training to ask people to make the effort to turn in an evaluation. However, the cultural competence training of trainers group evaluated each day of their week-long class, and they reviewed their information access session positively. A comment form is included in every issue of the newsletter and the email it is sent in openly asks for comments, suggestions, and constructive criticism. There has been not one negative comment and plenty of positive ones, though this is obviously not a scientific method. Overall, project evaluation could have been better planned and organized.
- The time schedule was mixed around completely, but that didn't really matter. Originally, each objective was to occupy a quarter of the period, but with the change in activities that didn't make much sense. The needs assessment, a new objective, occupied the first quarter. After that, everything happened over the next three. A lot of time was spent trying to schedule trainings, planning the content of trainings, and learning how to conduct one. Then three trainings took place in March, a followup visit in April, an informal presentation in May and another training May 28. The newsletter, as stated before, was new. An issue was produced in November, January, February, March, and May.

2. Lessons learned:

- Again, know who you will be training beforehand. It's difficult to sell otherwise. It's easiest when a relationship with the other organization

already exists. It can be hard to reach out and connect with ones you don't know, even if that was your ideal.

- If you've never done public speaking or bibliographic instruction before, it's not that scary once you do it a few times.
 - While there was trepidation about announcing the newsletter on listservs due to not wanting to be viewed as a spam source, two listservs produced many subscribers.
 - From the experience with the newsletter, evidently people like email alerts and updates. They don't have to remember to check a site every so often, it just comes to them and they can try the suggested resources then and there or save it for later.
 - There is a great interest in information on issues in culture and health and the kinds of materials the NN/LM and NLM have to offer, and many people have no idea how much is available to them for free on the internet or in their public libraries. There is great potential for disseminating information about finding translations, information about culturally and linguistically appropriate care, underserved and diverse communities and health disparities. Providers are very busy people who need things quickly, and though we had trouble arranging trainings, people liked the content and packets, and the newsletter circulation has grown quickly.
3. If we were to start all over again, we would rather submit a clearer proposal. Some other things that could have been changed were changed, as discussed in preceding sections, and others differences that would have been preferable but were not done are also discussed in preceding sections.
 4. See Lessons Learned